



## Greensboro Parks and Recreation Summer Camp Registration Form

### PARTICIPANT INFORMATION (One form per participant – Copy as needed)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

☐ City of GSO Resident ☐ Guilford County Resident ☐ Non Guilford County Resident

Age (As of June 15, 2015 this age must match the requirements in the camp description) \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Participant T-Shirt Size (Circle Size) YS YM YL YXL AS AM AL AXL (for applicable camps only)

Program Registering for: Cultural Arts \_\_\_\_\_ Recreation Center \_\_\_\_\_ Sportsplex \_\_\_\_\_ Camp Joy \_\_\_\_\_

How did you hear about our program? ☐ Website ☐ Postcard ☐ Word of Mouth ☐ P & R Staff ☐ Other: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

### PICK UP AND EMERGENCY CONTACT AND AUTHORIZED RELEASE AUTHORIZATION

Please list, in order, the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency and allowed to pick up the participant. Authorized individuals must be 16 or older and will be required to show a picture ID. Please print all names.

1) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

4) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

**Facility Manager will be disclosing pertinent information to administrative staff to ensure everyone's safety.**

By signing below, I acknowledge that:

- The City of Greensboro provides no insurance coverage for participants
- I agree to read the parent/guardian camp manual upon receipt.
- I have selected an appropriate program for the interests and abilities of the participant and the information I have provided on the Participant Information Form is current and accurate.
- In the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s). I authorize the City of Greensboro staff to seek appropriate medical care if a parent/guardian cannot be reached.

Signature is required to complete the registration process. Note: Greensboro Parks & Recreation Department staff will only allow the parent/guardian whose signature appears on this registration form to make changes to the form and staff will only release information about the participant to those person(s) listed. Any person listed as a parent/guardian on the registration form may add or remove additional person(s) to the authorized pick-up list.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_